

SAMPLE*(Prepare a separate Additional Budget Detail for each fiscal year.)***Additional Budget Detail**

Year 2

07/01/07 - 06/30/08

| | Payment Schedule | % of Time | Salary Range | Budget Amount |
|---|---------------------|--------------|-------------------|--------------------|
| A. PERSONNEL | | | | |
| 1. Program Coordinator (Name) | Monthly | 100% | \$6,334 - \$6,984 | \$XX,XXX |
| 2. Clinical Coordinator Supervisor (Name) | Monthly | 100% | \$5,842 - \$6,872 | \$XX,XXX |
| 3. Clinical Coordinator Supervisor (Name) | Monthly | 100% | \$5,842 - \$6,872 | \$XX,XXX |
| 4. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 5. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 6. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 7. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 8. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 9. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 10. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 11. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 12. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 13. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 14. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 15. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 16. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 17. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 18. Clinical Coordinator (Name) | Monthly | 100% | \$5,672 - \$6,760 | \$XX,XXX |
| 19. Health Educator (Name) | Monthly | 100% | \$3,287 - \$4,588 | \$XX,XXX |
| 20. Health Educator (Name) | Monthly | 100% | \$3,287 - \$4,588 | \$XX,XXX |
| 21. Health Educator (Name) | Monthly | 100% | \$3,287 - \$4,588 | \$XX,XXX |
| 22. Health Educator (Name) | Monthly | 100% | \$3,287 - \$4,588 | \$XX,XXX |
| 23. Clerical Support (Name) | Monthly | 100% | \$2,117 - \$3,219 | \$XX,XXX |
| 24. Clerical Support (Name) | Monthly | 100% | \$2,117 - \$3,219 | \$XX,XXX |
| Total Salaries | | | | \$X,XXX,XXX |
| B. FRINGE BENEFITS (Not to exceed ___% of Total Salaries) | | | | \$XXX,XXX |
| C. OPERATING EXPENSES | | | | \$XXX,XXX |
| 1. General Expenses | | | | \$XX,XXX |
| 2. Space Rent/Lease (SAMPLE - 150 sq.ft. x 24 FTEs x \$1.75/sq.ft. x 12 mos.) | | | | \$XX,XXX |
| 3. Printing/Photo Copying | | | | \$XX,XXX |
| D. EQUIPMENT | | | | \$0 |
| E. TRAVEL and PER DIEM (@ State DPA Rates) | | | | \$XXX,XXX |

| | |
|---|--------------------|
| F. SUBCONTRACTS/CONSULTANTS | \$115,200 |
| 1. Community Health Worker (Name) | \$7,200 |
| 2. Community Health Worker (Name) | \$7,200 |
| 3. Community Health Worker (Name) | \$7,200 |
| 4. Community Health Worker (Name) | \$7,200 |
| 5. Community Health Worker (Name) | \$7,200 |
| 6. Community Health Worker (Name) | \$7,200 |
| 7. Community Health Worker (Name) | \$7,200 |
| 8. Community Health Worker (Name) | \$7,200 |
| 9. Community Health Worker (Name) | \$7,200 |
| 10. Community Health Worker (Name) | \$7,200 |
| 11. Community Health Worker (Name) | \$7,200 |
| 12. Community Health Worker (Name) | \$7,200 |
| 13. Community Health Worker (Name) | \$7,200 |
| 14. Community Health Worker (Name) | \$7,200 |
| 15. Community Health Worker (Name) | \$7,200 |
| 16. Community Health Worker (Name) | \$7,200 |
| G. OTHER COSTS | \$0 |
| Total Direct Costs | \$XXX,XXX |
| H. INDIRECT EXPENSES (*Not to exceed 12% of Total Direct Costs.) | \$XXX,XXX |
| Total Budget | \$2,977,000 |

*Indirect Expenses are limited to the first \$25,000 of each Subcontract/Consultant.